



Motor Vehicle Division

Mail Drop 526M
Fleet Services Unit
Motor Vehicle Division
PO Box 2100
Phoenix AZ 85001-2100

PERMANENT/ALLOCATED PERM FLEET APPLICATION

40-0402 R03/09 www.azdot.gov

Fleet Account Number (MVD Use)

Application Type

- ☐ Permanent Fleet Registration—Two or more vehicles owned and registered to the same entity. A person or company may register a fleet on an annual basis, so that all the vehicle registrations expire in the same month. Requires completion of an updated Permanent Fleet Application, which must be filed annually.
- ☐ Allocated Permanent Fleet Registration—A rental fleet of passenger vehicles where the company has rental locations in two or more states and has opted to have permanent registration credentials in the vehicles. Requires completion of this Permanent Fleet Application and an Allocated Perm Fleet - Schedule B (form # 70-0510), which must be filed annually.

Legal Status <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LLP		US DOT Number (if applicable)		Federal EIN	
Company/Individual Name		Doing Business As (DBA)			
Mailing Address		City		State	Zip
Physical Address		City		State	Zip
Address Where Records Will be Maintained		City		State	Zip
Contact Person	Phone ()		E-mail Address		

Applicants: Full name, no initials. If no middle name, write "none". Title: Sole Owner, Partner, Corporate Officer (President, Vice President, Secretary, etc.) or Director. If more space needed, attach separate sheet. Individual or partnerships **must include spouse information**, if applicable.

1. Applicant Name (first, middle, last, suffix)		Title		Driver License Number		State
Spouse Name (if none, write none)				Driver License Number		State
Residence Address		City		State	Zip	
2. Applicant Name (first, middle, last, suffix)		Title		Driver License Number		State
Spouse Name (if none, write none)				Driver License Number		State
Residence Address		City		State	Zip	
3. Applicant Name (first, middle, last, suffix)		Title		Driver License Number		State
Spouse Name (if none, write none)				Driver License Number		State
Residence Address		City		State	Zip	

Number of Vehicles in Arizona Fleet	Registration Expiration (indicate the desired month of expiration):	1st Choice	2nd Choice
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Vehicles over 55,000 lbs gross vehicle weight (GVW) must file with MVD (at the time of renewal) a validated copy of the paid IRS form 2290, Heavy Highway Vehicle Use Tax Return.

Attach a list of the vehicles to be included in the fleet (please provide: plate, vehicle identification number, year and make), or a copy of the vehicle registrations. Mail this application and the list or copies to the address above. If more than one fleet is desired, an additional application must be completed.

I agree to comply with the provisions of the Permanent and Allocated Fleet Registration programs. I certify that the information contained on this application is true, accurate and complete to the best of my knowledge.

If a partnership, must be signed by all partners. If a corporation, must be signed by one corporate officer.

Owner, Partner or Officer Signature	Date	Title	
2nd Partner Signature	Date	3rd Partner Signature	Date

If you have any questions, please call Phoenix 602-712-6775, Tucson 520-629-9808, elsewhere in Arizona 800-251-5866, (Hearing/Speech Impaired-TDD systems only: Phoenix 602-712-3222, elsewhere 800-324-5425). Thank you.